

FILED
U.S. DISTRICT COURT
DISTRICT OF NEBRASKA
15 JUN 18 PM 3:05
OFFICE OF THE CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

UNITED STATES OF AMERICA,

Plaintiff,

vs.

ZENIA MILLER, and
HOME CARE SERVICES, INC.,

Defendant.

4:15CR 3062

INDICTMENT
18 USC §1347
18 USC §1343

The Grand Jury charges that

INTRODUCTION

At all times material to this indictment:

1. Section 24(b) of Title 18, United States Code, defined a “health care benefit program” as “any public or private plan or contract, affecting commerce, under which any medical benefit, item or service is provided to any individual, and includes any individual or entity who is providing a medical benefit, item or service for which payment may be made under the plan or contract.” Health Care Benefit Programs (hereinafter “Programs”) include Medicare, Medicaid, and private insurers.

2. The Medicaid program is a health care benefit program designed primarily for the indigent. In Nebraska, the Nebraska Medical Assistance Program (Nebraska Medicaid or the Medicaid Program) is funded with a combination of federal and state funds, with approximately 60% of the total financial burden of the program paid through the United States Department of Health & Human Services, and the remaining 40% by the State of Nebraska.

3. **Personal Assistance Services**, also known as PAS, are based on individual needs and are authorized by the State of Nebraska once an assessment is completed on a client. The services include basic personal hygiene, toileting, mobility, meal preparation, and housekeeping tasks to enable a client to remain in the home and community. Generally, a client qualifies for PAS if they are a current Medicaid client, need personal assistance services to live in the community, and their income is below specified levels. Personal Assistance Services are paid for out of the Nebraska Medicaid Program.

4. In regard to PAS, letters are sent to both the PAS client and the PAS provider indicating the number of hours authorized for services each week. Timesheets are to be completed and maintained by the provider, however, they are not required to be turned into the State. The provider does submit to Nebraska Medicaid a billing document describing the services provided under the PAS program for which reimbursement is sought.

5. The Federal Government through the federal offices of the Administration for Children and Families (ACF) distributes funding under Title XX of the Social Security Act to the State of Nebraska. These funding sources are called Social Services Block Grants (SSBG). The responsibilities for the SSBG services are administered by the State of Nebraska's Department of Health and Human Services, Division of Children and Family Services. **Chore services** are paid out of the SSBG funds.

6. Chore Services are considered home-based services or activities including housekeeping tasks, laundry, food preparation, personal assistance, and essential shopping. The services are authorized by the State of Nebraska based on clients' income eligibility and needs, and are not provided based on demand.

7. In order to obtain chore services in Nebraska, a potential client contacts a call center located in the State. An assessment is done of the client's situation and the number of chore hours a client needs is 'authorized'. A description of what is to be done at a client's home each week, and how many hours per week are authorized is delineated in separate letters sent to the client and the provider. Once the letters are received by the provider and the client with the respective number of hours, each party is put on notice of the maximum number of authorized hours. Timesheets are required by the State to be submitted by the chore provider indicating how many hours of service were provided to the various clients, and the provider must have completed and agreed to the Provider Standards listed in the 'Service Provider Agreement'.

8. Between approximately January 2007 and October 2014, ZENIA MILLER owned and operated a company, HOME CARE SERVICES, INC. (hereafter Home Care Services) which provided Chore and PAS services. As the sole owner/operator, MILLER executed Service Provider Agreements with the Department of Health and Human Services, Division of Medicaid and Long Term Care, certifying her and/or her company to provide Chore and PAS services. MILLER hired independent contractors to provide Chore and PAS services to HOME CARE SERVICES clients.

HEALTH CARE FRAUD

9. Paragraphs 1 through 8 of this Indictment are realleged and incorporated as if set forth fully herein.

10. From on or about September 1, 2012, and continuing until on or about September 30, 2014, in the District of Nebraska, defendants ZENIA MILLER and HOME CARE SERVICES, hereafter the Defendants, did knowingly and willfully devise and intend to devise, execute and attempt to execute, a scheme and artifice to defraud a health care benefit program, and to obtain,

by means of materially false and fraudulent pretenses, representations, and omissions of material fact, money and property owned by, or under the control of a health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

11. The purpose of the scheme and artifice was for MILLER and the entity she was associated with, HOME CARE SERVICES, to unlawfully enrich themselves by submitting and causing to be submitted, fraudulent claims to Nebraska Medicaid seeking reimbursement for PAS services that neither MILLER nor her contractors performed.

12. In furtherance of the scheme and artifice, the Defendants submitted and caused to be submitted to Nebraska Medicaid claims which the Defendants knew contained materially false and fraudulent pretenses and representations, and omissions of material fact, in that the claims sought payment for providing PAS services when the defendants then well knew those services had not been provided. During the course of the scheme and artifice claims were submitted to the Nebraska Medicaid Program for services not provided resulting in reimbursement to the defendants of approximately \$87,801.

13. On or about the dates set forth below in the "Date Claim Submitted" column, in the District of Nebraska, the Defendants knowingly executed and attempted to execute the scheme and artifice to defraud a health care benefit program in connection with the delivery of and payment for health care benefits, items and services, as set forth above, by submitting and causing to be submitted to Nebraska Medicaid claims for payment which the defendants knew made materially false and fraudulent representations in that the claims represented PAS services had been provided to the specified PAS clients when the Defendants then well knew those services had not been provided to those PAS clients.

<u>COUNT</u>	<u>DATE OF CLAIM</u>	<u>PAS CLIENT INITIALS</u>	<u>AMOUNT OF FALSE CLAIM</u>
1	6/1/2013	CB	\$47.80
2	10/1/2013	CB	\$146.40
3	2/1/2014	CB	\$195.20
4	10/1/2013	SG	\$58.56
5	5/1/2013	WP	\$497.12
6	6/1/2013	WP	\$535.36
7	1/3/2013	WP	\$497.12
8	2/28/2013	WP	\$458.88
9	6/1/2013	LF	\$764.80
10	8/31/2013	LF	\$702.72

In violation of Title 18, United States Code, Section 1347.

WIRE FRAUD

14. Paragraphs 1 through 8 of this Indictment are realleged and incorporated as if set forth fully herein.

15. From on or about February 1, 2012, and continuing until on or about September 30, 2014, in the District of Nebraska, Defendants ZENIA MILLER and HOME CARE SERVICES, hereafter the Defendants, did knowingly and willfully devise a scheme and artifice to defraud the Nebraska Department of Health and Human Services, Division of Children and Family Services (hereafter HHS), and to obtain, by means of materially false and fraudulent pretenses, representations, and omissions of material fact, money and property owned by, or under the control of HHS.

16. It was part of the scheme that the Defendants submitted and caused to be submitted to the HHS, claims which the Defendants knew contained materially false and fraudulent pretenses and representations, and omissions of material fact, in that the claims sought payment for providing Chore services when the Defendants then well knew those services had not been provided.

During the course of the scheme and artifice, claims were submitted to HHS for services not provided resulting in reimbursement to the Defendants of approximately \$206,463.

17. Following receipt and processing of the claims for payment HHS paid the claims by wire transmission of funds through an Automated Clearing House (ACH) facility located in another state to the Defendants' bank account at First National Bank of Omaha, in Nebraska.

18. On or about the dates in the "Date of Payment" column below, the Defendants, for the purpose of executing the scheme described above, caused to be transmitted by means of wire communication in interstate commerce, the signals and sounds pertaining to payment of the false claims described below:

<u>COUNT</u>	<u>DATE OF CLAIM</u>	<u>DATE OF PAYMENT</u>	<u>CHORE CLIENT INITIALS</u>	<u>AMOUNT OF FALSE CLAIM/PAYMENT</u>
11	3/31/2012	4/7/2012	ES	\$265.25
12	5/1/2012	5/14/2012	NN	\$164.45
13	6/1/2013	6/19/2013	LB	\$74.27
14	7/1/2013	7/11/2013	CK	\$148.54
15	6/1/2014	6/11/2014	ES, JP, SP, TC, DC	\$265.25
16	6/1/2014	6/11/2014	PK, AP, BS	\$313
17	10/1/2013	10/10/2013	SK, HM	\$95.49

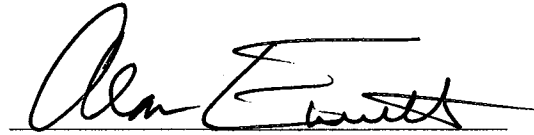
In violation of Title 18, United States Code, Section 1343.

A TRUE BILL.


FOREPERSON


DEBORAH R. GILG
United States Attorney
District of Nebraska

The United States of America requests that trial of this case be held in Lincoln, Nebraska, pursuant to the rules of this Court.

A handwritten signature in black ink, appearing to read "Alan Everett", is written over a horizontal line.

ALAN EVERETT
Assistant U.S. Attorney